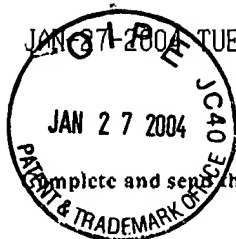


JAN 27 2004 TUE 03:48 PM

FAX NO.

P. 01



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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36078 7590 10/29/2003

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Stacie S. Capotosto (Depositor's name)  
Stacie S. Capotosto (Signature)  
JANUARY 27, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/800,856	03/05/2001	Yat Sun Or	ENP019	5605

TITLE OF INVENTION: CYCLOSPORINS FOR THE TREATMENT OF RESPIRATORY DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	01/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIU, SAMUEL W	1653	514-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gaetano Maccarene  
Jason D. Ferrone  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Enanta Pharmaceuticals, Inc. Watertown, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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PTOL 85 (Rev. 10/03) Approved for use through 04/30/2004.

OMB 0651-0033

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PAGE 1/1 \* RCVD AT 1/27/2004 2:54:23 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-2/3 \* DNIS:7464000 \* CSID: \* DURATION (mm-ss):01-02